

Case Number:	CM15-0097603		
Date Assigned:	05/28/2015	Date of Injury:	05/11/2009
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female, who sustained an industrial injury on 5/11/2009. The medical records submitted for this review did not include the details regarding the initial injury or past treatments to date. Diagnoses include cervical disc disorder, lumbalgia, sciatica, lumbar disc displacement without myelopathy, internal derangement of the knee and carpal tunnel syndrome. She is status post cervical surgery in 2013 and left knee surgery, date unknown. The current treatments documented include Relafen, Prilosec, Flexeril, and Gabapentin. Currently, she had complaints of pain in multiple body areas including bilateral sacroiliac joints, low back, right knee, ankle, foot, left wrist, hand, and neck. The pain was rated 6/10 VAS at worst and 3/10 VAS at best. On 4/10/15, the physical examination documented tenderness with palpation at all body pain sights. The cervical spine had a positive Spurling sign on the right side with decreased range of motion. There was decreased range of motion in lumbar spine, left wrist, and left knee. The plan of care included obtaining MRI of cervical and lumbar spines, and bilateral wrists. The appeal request was for the MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Magnetic resonance imaging (MRI) of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: The ACOEM Guidelines strongly support the use of MRI when there is a concern for infection involving this area of the body and mildly strongly support its use when there is a concern for carpal tunnel syndrome. A MRI is not recommended for any other conditions involving forearm, wrist, and/or hand complaints. When a broken scaphoid (wrist bone) is suspected, the Guidelines recommend repeating the x-rays seven to ten days after the symptoms began. A limited bone scan can be used if x-rays are not helpful and the suspicious findings continue. The submitted and reviewed records indicated the worker was experiencing pain in the upper and lower back, right pelvis and leg, left wrist and hand; dizziness; anxious and depressed moods; and problems sleeping. These records concluded the worker had carpal tunnel syndrome. There was no documentation describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the left wrist is not medically necessary.